

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029847

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

6254

Primary Registration District No.

370

Registrar's No.

86

FILED AUG 8 1962

VS 300
Rev. 4/59

1 1110

2 1110

3 1

4 0

5 2

6

7 0

8 1

9 4651A

10

11

12 90-3

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

WAYNE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CASCADE

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

WAYNE

c. CITY
OR TOWN

CASCADE

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EDWARD PETER VIRGIN

4. DATE
OF DEATH

Month

Day

Year

July 10 - 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

SEPT 3, 1924

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Month Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MASTER LEAD BURNER

10b. KIND OF BUSINESS OR INDUSTRY

CHEMICAL

11. BIRTHPLACE (City and state or country)

ZALMA, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM VIRGIN

13b. MOTHER'S MAIDEN NAME

NEANBE J. MOONEY

14. NAME OF HUSBAND OR WIFE

SUSAN B. VIRGIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or, if yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

EDWARD D. VIRGIN

Address

BRADLEY ILL

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LARGE EMBOLUS IN RIGHT

INTERVAL BETWEEN ONSET AND DEATH

INSTANT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

PULMONARY ARTERY

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

GALL STONES - HEALED PULMONARY TUBERCULOSIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marvin E. Bauler Coroner Co.

22b. ADDRESS

Piedmont, MO

22c. DATE SIGNED

7-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

July 13-62

23c. NAME OF CEMETERY OR CREMATORY

ADVANCE CEM.

23d. LOCATION (City, town, or county)

ADVANCE, MO

(State)

24. FUNERAL DIRECTOR

GISH

ADDRESS

PIEDMONT, MO

25. DATE RECD. BY LOCAL REG.

8-4-62

26. REGISTRAR'S SIGNATURE

Hetta M. Ward

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision:

Student _____
Signature of Student Embalmer

Signed

Maurice E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.